



## Town of Highland Employment Application

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address						Apartment/Unit #							
City			State			Zip Code							
Phone			E-mail Address										
Date Available			Full or Part-Time			Desired Salary							
Position Applied for													
Are you at least 18 years of age?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have a valid drivers' license?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School			Address										
Years Attended				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College			Address										
Years Attended				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other			Address										
Years Attended				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references.</i>													
Full Name					Relationship								
Company					Phone		(     )						
Address													
Full Name					Relationship								
Company					Phone		(     )						
Address													
Full Name					Relationship								

Company					Phone	(    )	
Address							
<b>PREVIOUS EMPLOYMENT</b>							
Company					Phone	(    )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	(    )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	(    )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>MILITARY SERVICE</b>							
Branch					From		To
Rank at Discharge					Type of Discharge		
If other than honorable, explain							
<b>DISCLAIMER AND SIGNATURE</b>							
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature						Date	